

NAME _____
ADDRESS _____
CITY _____
STATE _____
ZIP _____
PHONE _____
FAX _____
E-MAIL _____
SIGNATURE _____
DATE _____

KASSA, YOSEF

2624

(Assistant Examiner)	(Date)		Total Claims Allowed: 9
B. PHOENIX (Legal Instruments Examiner)	(Date)	Yusef Kassar (Primary Examiner)	08/21/2007 (Date)
			O.G. Print Claim(s) 1
			O.G. Print Figure 1